

Clerk of the House of Representatives  
Legislative Resource Center  
B-106 Cannon Building  
Washington, DC 20515

Secretary of the Senate  
Office of Public Records  
232 Hart Building  
Washington, DC 20510

SECRETARY OF THE SENATE

99 JAN 13 PM 2:25

H.D.

**LOBBYING REGISTRATION**

Lobbying Disclosure Act of 1995 (Section 4)

Check if this is an Amended Registration ☐1. Effective Date of Registration JAN 13-992. House Identification Number 33849001

Senate Identification Number \_\_\_\_\_

**REGISTRANT**3. Registrant name Dr Michael LEE MATTHEW Esq.Address ~~P.O. Box 1579~~ CHILDRENS NATIONAL HolidayCity WASH. P.O. Box 1579 WASH. State D.C. Zip 20013-1579

4. Principal place of business (if different from line 3)

City

State/Zip (or Country)

5. Telephone number and contact name

(202) 452-7699Contact Dr. MATTHEW

E-mail (optional)

6. General description of registrant's business or activities

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**CLIENT** A Lobbying firm is required to file a separate registration for each client. Organizations employing in-house lobbyists should check the box labeled "Self" and proceed to line 10. ☐ Self

7. Client name CHILDRENS National HolidayAddress P.O. Box 1579City WASH. State D.C. Zip 20013-1579

8. Principal place of business (if different from line 7)

City

State/Zip (or Country)

9. General description of client's business or activities

Putting Children First**LOBBYISTS**

10. Name of each individual who has acted or is expected to act as a lobbyist for the client identified on line 7. If any person listed in this section has served as a "covered executive branch official" or "covered legislative branch official" within two years of first acting as a lobbyist for the client, state the executive and/or legislative position(s) in which the person served.

Name	Covered Official Position (if applicable)
<u>Dr. MATTHEW</u>	<u>Administrator</u>

Registrant Name

Dr. MATTHEW

Client Name

9900640103569  
Children's National Holiday**LOBBYING ISSUES**

11. General lobbying issue areas. Select all applicable codes listed in instructions and on the reverse side of Form LD-1, page 1.

FAM

12. Specific lobbying issues (current and anticipated)

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**AFFILIATED ORGANIZATIONS**

13. Is there an entity other than the client that contributes more than \$10,000 to the lobbying activities of the registrant in a semiannual period and in whole or in major part plans, supervises or controls the registrant's lobbying activities?

☒ No → Go to line 14.☐ Yes → Complete the rest of this section for each entity matching the criteria above, then proceed to line 14.

Name	Address	Principal Place of Business (city and state or country)

**FOREIGN ENTITIES**

14. Is there any foreign entity that:

- a) holds at least 20% equitable ownership in the client or any organization identified on line 13; **or**  
 b) directly or indirectly, in whole or in major part, plans, supervises, controls, directs, finances or subsidizes activities of the client or any organization identified on line 13; **or**  
 c) is an affiliate of the client or any organization identified on line 13 and has a direct interest in the outcome of the lobbying activity?

☒ No → Sign and date the registration.☐ Yes → Complete the rest of this section for each entity matching the criteria above, then sign and date the registration.

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Ownership percentage in client

Signature

Dr. Michael Lee (Matthew)

Date

Jan 13-1999

Printed Name and Title

Doctor Michael Augustus Lee MATTHEW Esq.